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| Final Statement of Account submission, any supporting document, and last reimbursement claim form, to be emailed to Grant Secretariat at [grant@nhic.cris.sg](mailto:grant@nhic.cris.sg) |

|  |  |  |  |
| --- | --- | --- | --- |
| **NHIC Reference** | NHIC - | | |
| **Project Title** |  | | |
| **Principal Investigator** |  | **Host Institution** |  |
| **Project Start & End Date** | - | | |

1. **BUDGET SUMMARY**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **COMMITMENT ITEM** | **APPROVED BUDGET (A)** | **AMOUNT SPENT**  **TO-DATE (B)** | **AMOUNT LEFT TO-DATE (A-B)** | **AMOUNT CLAIMED**  **TO-DATE (B-C)** | **OUTSTANDING AMOUNT**  **TO-DATE\* (C)** |
| EOM |  |  |  |  |  |
| EQUIPMENT |  |  |  |  |  |
| OOE |  |  |  |  |  |
| Overseas Travel |  |  |  |  |  |
| IRC |  |  |  |  |  |
| Grand Total |  |  |  |  |  |

\*claim has not been disbursed to the HI

1. **SIGNATORIES**

*We hereby certify that the information provided are true and correct, and verified against the original source documents.*

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| --- | --- | --- |
|  |  |  |
| Signature  Name of PI Date |  | Signature  Host Institution’s CFO or equivalent Date |